


## EXAMPLE 4 - SF 1449

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER		PAGE 1 OF <b>2</b>	
2. CONTRACT NO. <b>GS-XXX-XXXXX</b>		3. AWARD/EFFECTIVE DATE <b>See Block 31C</b>		4. ORDER NUMBER <b>Assigned by KO</b>		5. SOLICITATION NUMBER	
7. FOR SOLICITATION INFORMATION CALL: 		a. NAME <b>POC Name</b>		b. TELEPHONE NUMBER (No collect calls) POC Phone Number		8. OFFER DUE DATE/ LOCAL TIME:	
9. ISSUED BY <b>Requiring Activity Address City, State ZIP</b>		CODE		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input type="checkbox"/> SET ASIDE: ____% FOR  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISAV. BUS. <input type="checkbox"/> S(A)  SIC: SIZE STANDARD:		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	
				12. DISCOUNT TERMS		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	
				13b. RATING		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
				15. DELIVER TO <b>Address to be provided on each call placed against the TAC BPA.</b>		16. ADMINISTERED BY <b>See Block 9</b>	
17a. CONTRACTOR/ OFFEROR <b>Company's Name Street Address City, State Zip TELEPHONE NO. Phone</b>		CODE		FACILITY CODE		18a. PAYMENT WILL BE MADE BY  Payment Office Name Street Address or PO Box Number City, State ZIP	
[ ] 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM					
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES  <b>See Attached Pages</b>  (BPA Number NXXXXX-9X-XXXX applies) (Attach Additional Sheets as Necessary)		21. QUANTITY		22. UNIT	
						23. UNIT PRICE	
						24. AMOUNT	
25. ACCOUNTING AND APPROPRIATION DATA						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
[ ] 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. [ ] ARE [ ] ARE NOT ATTACHED							
[ ] 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR IS ATTACHED, ADDENDA [X] ARE [ ] ARE NOT ATTACHED							
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ____ [ ] TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITION-AL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.				29. AWARD OF CONTRACT: REFERENCE _____ OFFER [ ] DATED _____, YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER <b>Contracting Officer's Name</b>		31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN [ ] RECEIVED [ ] INSPECTED [ ] ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED		33. SHIP NUMBER		34. VOUCHER NUMBER		35. AMOUNT VERIFIED CORRECT FOR	
		[ ] PARTIAL [ ] FINAL					
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE		32c. DATE		36. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL		37. CHECK NUMBER	
				38. S/R ACCOUNT NUMBER		39. S/R VOUCHER NUMBER	
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE		40. PAID BY	
				42a. RECEIVED BY (Print)			
				42b. RECEIVED AT (Location)			
				42c. DATE REC'D (YY/MM/DD)		42d. TOTAL CONTAINERS	

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SEE REVERSE FOR OMB CONTROL NUMBER AND

STANDARD FORM 1449 (10-